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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br>(Only for new nonprovisional applications under 37 CFR 1.53(b)) | Attorney Docket No.  | MLB-066C2  |
|  | First Named Inventor | Griffith   |
|  | Title                | Methods and Apparatus for Manufacturing electronic and Electromechanical Elements and Devices by Thin-Film Depositon and Imaging |

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| <b>APPLICATION ELEMENTS</b>  | ADDRESS TO: <b>Mail Stop Patent Application<br/>Commissioner for Patents<br/>P.O. Box 1450<br/>Alexandria, VA 22313-1450</b>   |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form<br>2. <input type="checkbox"/> Small Entity Status<br><input type="checkbox"/> Applicant claims small entity status<br><input type="checkbox"/> Status established in prior application and is still proper and desired  | <b>ACCOMPANYING APPLICATION PARTS</b>  |
| 3. <input checked="" type="checkbox"/> Specification and Drawings [Total Pages 21]<br>- Written Description - (14 pages)<br>- Claims - (4 pages)<br>- Abstract - (1 page)<br>- Sheets of Drawings - (2 sheets)<br><input checked="" type="checkbox"/> Formal<br><input type="checkbox"/> Informal  |  |
| 4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 3]<br>a. <input type="checkbox"/> Newly executed (original)<br>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br><i>(for continuation/divisional with Box 17 completed)</i><br><i>[Note Box 5 below]</i>  | 8. <input type="checkbox"/> 37 CFR 3.73(b) Statement ( <i>when there is an assignee</i> )<br><input type="checkbox"/> Power of Attorney<br>9. <input type="checkbox"/> English Translation Document ( <i>if applicable</i> )<br>10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449<br><input type="checkbox"/> Copies of IDS Citations<br>11. <input checked="" type="checkbox"/> Preliminary Amendment<br><input type="checkbox"/> Drawings [Total Sheets ] |
| 5. <input type="checkbox"/> Incorporation by Reference (usable if Box 4b is checked)<br>The entire Disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.  | 12. <input checked="" type="checkbox"/> Return Receipt Postcard ( <i>specifically itemized</i> )<br>13. <input type="checkbox"/> Certified Copy of Priority Document(s) ( <i>if foreign priority claimed</i> )<br>14. <input type="checkbox"/> Nonpublication Request Under 35 U.S.C. 122(b)   |
| 6. <input checked="" type="checkbox"/> Application Data Sheet<br>7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br><input type="checkbox"/> Computer Readable Form (CRF)<br><input type="checkbox"/> Paper Copy (identical to computer copy)<br><input type="checkbox"/> CD (2 copies) (identical to computer copy)<br><input type="checkbox"/> Statement verifying identity of above copies | 15. <input type="checkbox"/> CD in duplicate for large table or computer program<br>16. <input checked="" type="checkbox"/> Other:<br>Associate Power of Attorney  |

**17. ☒ If a CONTINUING APPLICATION:**

--This is a

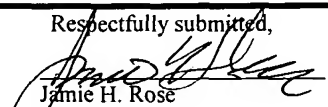
☒ continuation    ☐ divisional    ☐ continuation-in-part of prior application Serial No. 10/060,151, filed on January 30, 2002, which is a continuation of Serial No. 09/519,722, filed March 3, 2000, the entire disclosure of which is incorporated by reference herein.--

Priority to the above application(s) is claimed under 35 U.S.C. 120.

 Prior application information: Examiner: J. McPherson. Group/Art Unit: 1756.

**18. ☒ Priority - 35 U.S.C. 119**
☒ Priority of application Serial No. 60/126,517 filed on March 26, 1999 in U.S. Patent Office is claimed under 35 U.S.C. 119.

- ☐ The certified copy has been filed in prior U.S. application Serial No. \_\_\_\_/\_\_\_\_ on \_\_\_\_.  
☐ The certified copy will follow.

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| <b>CORRESPONDENCE ADDRESS</b>  | <b>SIGNATURE BLOCK</b>   |
| Direct all correspondence to: Patent Administrator<br>Testa, Hurwitz & Thibault, LLP<br>High Street Tower<br>125 High Street<br>Boston, MA 02110<br>Tel. No.: (617) 248-7000<br>Fax No.: (617) 248-7100<br>Customer No. 021323 | Respectfully submitted,<br><br>Date: August 22, 2003<br>Reg. No. 45,045<br>Tel. No.: (617) 248-7376<br>Fax No.: (617) 248-7100<br>Attorney for Applicant(s)<br>Testa, Hurwitz & Thibault, LLP<br>High Street Tower<br>125 High Street<br>Boston, MA 02110 |

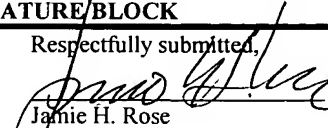


17354 U.S. PTO  
08/22/03

Express Mail Mailing Label No. EV289511034US

# **FEE TRANSMITTAL** **FY 2003**

| Complete if Known         |                  |
|---------------------------|------------------|
| Application Serial Number | Not yet assigned |
| Filing Date               | Herewith         |
| First Named Inventor      | Griffith         |
| Group Art Unit            | Not yet assigned |
| Examiner Name             | Not yet assigned |
| Attorney Docket No.       | MLB-066C2        |

| METHOD OF PAYMENT  |                                 |  |              | FEE CALCULATION (continued)   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
|--|---------------------------------|--|--------------|---|---------------------------------|---------------|------|-----------------------|-----------------------|-----------------|-------------------|--------------|------|-------------------------------------|---|--|--------------|--|--|-----------------------|-----------------|---------------------------|--------------|--------------------|--------|------------------------------------|-------------------|---------|------------------------|--|--|-----|--------|---|--|-----|-----|--|--|------|-----|---|-----------------------|-----------------|----------|--|--------------------|--------|-----|-------------------|--|-----|------------------------|--|--|-----|-----|--------------------------|--|-----|-----|-------------------------------|--|-----|-----|--|--|-----|-----|---|--|-----|-----|--|--|-----|-----|---|--|-----|----|-----------------------------------|--|---------------------|--|--|--|---------------------|--|--|--|
| 1. <input checked="" type="checkbox"/> Payment Enclosed:<br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |                                 |  |              | 3. ADDITIONAL FEES  |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.<br><input type="checkbox"/> Required Fees (copy of this sheet enclosed).<br><input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17.<br><input checked="" type="checkbox"/> Overpayment Credit.  |                                 |  |              | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>130</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>50</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>130</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>2,520</td><td>2,520</td><td>Request for ex parte reexamination</td><td></td></tr> <tr><td>110</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>410</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>930</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1450</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1970</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>320</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>320</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>280</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>130</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>180</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>750</td><td>375</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>750</td><td>375</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>100</td><td>100</td><td>Certificate of Correction for applicant's error</td><td></td></tr> <tr><td>110</td><td>55</td><td>Submission of Terminal Disclaimer</td><td></td></tr> <tr><td colspan="2">Other fee (Specify)</td><td></td><td></td></tr> <tr><td colspan="2">Other fee (Specify)</td><td></td><td></td></tr> </tbody> </table> |                                 |               |      | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid          | 130          | 65   | Surcharge - late filing fee or oath |   | 50   | 25           | Surcharge - late provisional filing fee or cover sheet |  | 130                   | 130             | Non-English specification |              | 2,520              | 2,520  | Request for ex parte reexamination |                   | 110     | 55                     | Extension for reply within first month |  | 410 | 205    | Extension for reply within second month |  | 930 | 465 | Extension for reply within third month |  | 1450 | 725 | Extension for reply within fourth month |                       | 1970            | 985      | Extension for reply within fifth month |                    | 320    | 160 | Notice of Appeal  |  | 320 | 160                    | Filing a brief in support of an appeal |  | 280 | 140 | Request for oral hearing |  | 130 | 130 | Petitions to the Commissioner |  | 180 | 180 | Submission of Information Disclosure Statement |  | 750 | 375 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 750 | 375 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 100 | 100 | Certificate of Correction for applicant's error |  | 110 | 55 | Submission of Terminal Disclaimer |  | Other fee (Specify) |  |  |  | Other fee (Specify) |  |  |  |
| Large Entity Fee (\$)  | Small Entity Fee (\$)           | Fee Description  | Fee Paid     |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 130  | 65                              | Surcharge - late filing fee or oath                            |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 50   | 25                              | Surcharge - late provisional filing fee or cover sheet         |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 130  | 130                             | Non-English specification                                      |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 2,520  | 2,520                           | Request for ex parte reexamination                             |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 110  | 55                              | Extension for reply within first month                         |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 410  | 205                             | Extension for reply within second month                        |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 930  | 465                             | Extension for reply within third month                         |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 1450   | 725                             | Extension for reply within fourth month                        |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 1970   | 985                             | Extension for reply within fifth month                         |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 320  | 160                             | Notice of Appeal   |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 320  | 160                             | Filing a brief in support of an appeal                         |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 280  | 140                             | Request for oral hearing                                       |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 130  | 130                             | Petitions to the Commissioner                                  |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 180  | 180                             | Submission of Information Disclosure Statement                 |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 750  | 375                             | Filing a submission after final rejection (37 CFR 1.129(a))    |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 750  | 375                             | For each additional invention to be examined (37 CFR 1.129(b)) |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 100  | 100                             | Certificate of Correction for applicant's error                |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 110  | 55                              | Submission of Terminal Disclaimer                              |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| Other fee (Specify)  |                                 |  |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| Other fee (Specify)  |                                 |  |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| <b>FEE CALCULATION</b>   |                                 |  |              | <b>3. ADDITIONAL FEES</b>   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 1. FILING FEE  |                                 |  |              | 3. ADDITIONAL FEES  |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>750</td><td>Utility filing fee</td><td>750.00</td></tr> <tr><td>330</td><td>Design filing fee</td><td></td></tr> <tr><td>160</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table>   |                                 |  |              | Large Entity Fee (\$)   | Fee Description                 | Fee Paid      | 750  | Utility filing fee    | 750.00                | 330             | Design filing fee |              | 160  | Provisional filing fee              |   | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>750</td><td>Utility filing fee</td><td>750.00</td></tr> <tr><td>330</td><td>Design filing fee</td><td></td></tr> <tr><td>160</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table> |              |  |  | Large Entity Fee (\$) | Fee Description | Fee Paid                  | 750          | Utility filing fee | 750.00 | 330                                | Design filing fee |         | 160                    | Provisional filing fee                 |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| Large Entity Fee (\$)  | Fee Description                 | Fee Paid   |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 750  | Utility filing fee              | 750.00   |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 330  | Design filing fee               |  |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 160  | Provisional filing fee          |  |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| Large Entity Fee (\$)  | Fee Description                 | Fee Paid   |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 750  | Utility filing fee              | 750.00   |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 330  | Design filing fee               |  |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 160  | Provisional filing fee          |  |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Number Filed</th> <th>Number Extra</th> <th>Rate</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>4</td> <td>- 20 = 0</td> <td>x \$ 18.00 =</td> <td>0.00</td> </tr> <tr> <td>Independent Claims</td> <td>1</td> <td>- 3 = 0</td> <td>x \$ 84.00 =</td> <td>0.00</td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> Multiple Dependent Claim(s), if any               </td> <td>\$280.00 =</td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL:</td> <td>750.00</td> </tr> <tr> <td colspan="4" style="text-align: right;">SMALL ENTITY DISCOUNT:</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td>( \$ ) 750.00</td> </tr> </tbody> </table>                         |                                 |  |              |   | Number Filed                    | Number Extra  | Rate | Amount                | Total Claims          | 4               | - 20 = 0          | x \$ 18.00 = | 0.00 | Independent Claims                  | 1 | - 3 = 0  | x \$ 84.00 = | 0.00   | <input type="checkbox"/> Multiple Dependent Claim(s), if any       |                       |                 |                           | \$280.00 =   | TOTAL:             |        |                                    |                   | 750.00  | SMALL ENTITY DISCOUNT: |  |  |     |        | SUBTOTAL (1)                            |  |     |     | ( \$ ) 750.00                          | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>750</td><td>Utility filing fee</td><td>750.00</td></tr> <tr><td>330</td><td>Design filing fee</td><td></td></tr> <tr><td>160</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table> |      |     |   | Large Entity Fee (\$) | Fee Description | Fee Paid | 750                                    | Utility filing fee | 750.00 | 330 | Design filing fee |  | 160 | Provisional filing fee |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
|  | Number Filed                    | Number Extra   | Rate         | Amount  |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| Total Claims   | 4                               | - 20 = 0   | x \$ 18.00 = | 0.00  |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| Independent Claims   | 1                               | - 3 = 0  | x \$ 84.00 = | 0.00  |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| <input type="checkbox"/> Multiple Dependent Claim(s), if any   |                                 |  |              | \$280.00 =  |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| TOTAL:   |                                 |  |              | 750.00  |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| SMALL ENTITY DISCOUNT:   |                                 |  |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| SUBTOTAL (1)   |                                 |  |              | ( \$ ) 750.00   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| Large Entity Fee (\$)  | Fee Description                 | Fee Paid   |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 750  | Utility filing fee              | 750.00   |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 330  | Design filing fee               |  |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 160  | Provisional filing fee          |  |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 2. AMENDMENT CLAIM FEES  |                                 |  |              | 3. ADDITIONAL FEES  |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Claims Remaining After Amend.</th> <th>Highest No. Previously Paid For</th> <th>Present Extra</th> <th>Rate</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>-</td> <td>=</td> <td>x \$ 18.00 =</td> <td></td> </tr> <tr> <td>Indep.</td> <td>-</td> <td>=</td> <td>x \$ 84.00 =</td> <td></td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> First Presentation of Multiple Dep. Claim               </td> <td>+ \$280.00 =</td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL:</td> <td>(\$0.00</td> </tr> <tr> <td colspan="4" style="text-align: right;">SMALL ENTITY DISCOUNT:</td> <td>( \$ )</td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2)</td> <td>( \$ ) 0.00</td> </tr> </tbody> </table> |                                 |  |              | Claims Remaining After Amend.   | Highest No. Previously Paid For | Present Extra | Rate | Fee Paid              | Total                 | -               | =                 | x \$ 18.00 = |      | Indep.                              | - | =  | x \$ 84.00 = |  | <input type="checkbox"/> First Presentation of Multiple Dep. Claim |                       |                 |                           | + \$280.00 = | TOTAL:             |        |                                    |                   | (\$0.00 | SMALL ENTITY DISCOUNT: |  |  |     | ( \$ ) | SUBTOTAL (2)                            |  |     |     | ( \$ ) 0.00                            | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>750</td><td>Utility filing fee</td><td>750.00</td></tr> <tr><td>330</td><td>Design filing fee</td><td></td></tr> <tr><td>160</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table> |      |     |   | Large Entity Fee (\$) | Fee Description | Fee Paid | 750                                    | Utility filing fee | 750.00 | 330 | Design filing fee |  | 160 | Provisional filing fee |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| Claims Remaining After Amend.  | Highest No. Previously Paid For | Present Extra  | Rate         | Fee Paid  |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| Total  | -                               | =  | x \$ 18.00 = |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| Indep.   | -                               | =  | x \$ 84.00 = |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim   |                                 |  |              | + \$280.00 =  |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| TOTAL:   |                                 |  |              | (\$0.00   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| SMALL ENTITY DISCOUNT:   |                                 |  |              | ( \$ )  |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| SUBTOTAL (2)   |                                 |  |              | ( \$ ) 0.00   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| Large Entity Fee (\$)  | Fee Description                 | Fee Paid   |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 750  | Utility filing fee              | 750.00   |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 330  | Design filing fee               |  |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| 160  | Provisional filing fee          |  |              |   |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
| <b>CORRESPONDENCE ADDRESS</b>  |                                 |  |              | <b>SIGNATURE/BLOCK</b>  |                                 |               |      |                       |                       |                 |                   |              |      |                                     |   |  |              |  |  |                       |                 |                           |              |                    |        |                                    |                   |         |                        |  |  |     |        |   |  |     |     |  |  |      |     |   |                       |                 |          |  |                    |        |     |                   |  |     |                        |  |  |     |     |                          |  |     |     |                               |  |     |     |  |  |     |     |   |  |     |     |  |  |     |     |   |  |     |    |                                   |  |                     |  |  |  |                     |  |  |  |
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